



Office of the State Fire Marshal
Utah Department of Public Safety
5272 South College Drive, Suite 302
Murray, Utah 84123-2611
(801) 284-6350
FAX (801) 284-6351

Request Form for Life Safety House

- INSTRUCTIONS:**
- 1. Please type or print clearly
 - 2. Please fill out as complete as possible
 - 3. Return to State Fire Marshal's Office with signature

Department Name					Contact Person					Daytime Phone				
Mailing Address					City State Zip					Nighttime Phone				
List Three Possible Dates														
Choice #1					Choice #2					Choice #3				
	Month	Day	Year	Time		Month	Day	Year	Time		Month	Day	Year	Time
Delivery Date:					Delivery Date:					Delivery Date:				
Pickup Date:					Pickup Date:					Pickup Date:				
Type of Event					Have you invited the following to participate?									
<input type="checkbox"/> County Fair					<input type="checkbox"/> EMS Week					Safe Kids Coalition Yes No				
<input type="checkbox"/> Fire Prevention Week					<input type="checkbox"/> Safety Fair					Law Enforcement Yes No				
<input type="checkbox"/> City or Town Fair					<input type="checkbox"/> Other					Local Health Department Yes No				
										Local EMS Yes No				
										Other Injury Prevention Groups Yes No				
Describe the Event:														
Location of Event: Address														
I agree that while in the above listed fire department's possession, all policies for the Life Safety House will be followed. In addition, I agree to notify the State Fire Marshal's Office of any damages of the Life Safety House or any of its contents. We will follow all applicable laws while using the Life Safety House and hold harmless the State, Department of Public Safety, and the Fire Marshal's Office for any negligence as a result of misconduct or improper use by the user.														
Signature _____ Date _____														
For State Fire Marshal Use Only														
Person assigned to deliver the trailer: _____														
Vehicle assigned to pull trailer : _____														
Trailer to be used: _____														
Actual Dates of Use: _____														
Delivery Time: _____ Approval Date _____														